

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
Gulf Oil Corporation

Address
P. O. Box 670, Hobbs, N.M. 88240

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Abandoned Hare SA & Paddock zone in Eunice
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	King No. 12 & completed in Drinkard as
		Dry Gas	<input type="checkbox"/>	Central Drinkard Unit No. 401
		Condensate	<input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Central Drinkard Unit	401	Drinkard	State, Federal or Fee Fee	

Location

Unit Letter A ; 660 Feet From The north Line and 660 Feet From The east

Line of Section 28 Township 21S Range 37E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Shell Pipe Line Corporation	Box 1910, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum Corporation	Box 1589, Tulsa, Okla. 74100

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	28	21S	37E	Yes	4-27-76

If this production is commingled with that from any other lease or pool, give commingling order number: _____

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
X	X			X				

Date Spudded Recompleted	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
10-11-75	10-11-75	7975'	7340'
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil Case Pay	Tubing Depth
3441' GL	Drinkard	6386'	6349'
Perforations			Depth Casing Shoe
6386' to 6456'			7747'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/4"	13-3/8"	311'	300 sx circulated
12-1/4"	9-5/8"	2800'	1300 sx (TOC at 1275')
8-3/4"	7"	7747'	700 sx (TOC at 3175')
	2-3/8"	6349'	---

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
10-11-75	10-13-75	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	300#		
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
46 barrels	26	20 (load)	767

Corrected gravity 42.9

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

D. F. Berlin
(Signature)
Area Engineer

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR (OIL) - (~~GAS~~) ALLOWABLE

~~New Well~~
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion. If this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Hobbs, New Mexico

February 16, 1960

(Place)

(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Gulf Oil Corporation

Bunice King

Well No. 12

NE

NE

(Company or Operator)

(Lease)

A

Sec. 28

T 21-S

R 37-E

NMPM,

Paddock

Pool

Unit Letter

Lea

Date recompleted 2-15-60

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

660' FN & EL

County. Date Spudded

Date Drilling Completed

Elevation 3441'

Total Depth 7975'

PETD

7339'

Top Oil/Gas Pay

5120'

Name of Prod. Form.

Paddock

PRODUCING INTERVAL -

Perforations

5120-26', 5140-46', 5157-63', 5171-74' & 5178-84'

Open Hole

Depth

Depth

5225'

OIL WELL TEST -

Natural Prod. Test:

bbbs.oil,

bbbs water in

hrs,

Choke

min. Size

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of

load oil used):

36

bbbs.oil,

56

bbbs water in

24

hrs,

min. Size 2" WO

GAS WELL TEST -

Natural Prod. Test:

MCF/Day; Hours flowed

Choke Size

Tubing, Casing and Cementing Record

Size

Feet

Sax

13-3/8"	311'	300
9-5/8"	2800'	1300
7"	7747'	700
2-3/8"	5225'	

Method of Testing (pitot, back pressure, etc.):

Test After Acid or Fracture Treatment:

MCF/Day; Hours flowed

Choke Size

Method of Testing:

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand):

2500 gals 15% NE acid

Casing

Tubing 3900-

Date first new

February 1, 1960

Press.

Press. 3600'

Oil run to tanks

Oil Transporter

Shell Pipeline Corporation

Gas Transporter

Warren Petroleum Corp.

Remarks:

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved: _____, 19_____

Gulf Oil Corporation

(Company or Operator)

By: _____

(Signature)

Area Production Manager

Title: _____

Send Communications regarding well to:

Gulf Oil Corporation

Name: _____

Box 2167, Hobbs, New Mexico

Address: _____

OIL CONSERVATION COMMISSION

By: _____

Title: _____